

Testimony before the Appropriations Committee

February 23, 2017

Department of Mental Health and Addiction Services (DMHAS) Governor's H.B. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFORE

Good afternoon Senator Osten and Senator Formica, Representative Walker and members of the Appropriations Committee.

My name is David Woodworth and I am a **registered voter** in Winsted.

I am here to testify in **opposition** to the proposed budget for the Department of Mental Health and Addiction Services (DMHAS). As a person in recovery with mental health issues, I am concerned that proposed cuts to DMHAS, such as the consolidation or elimination of Regional Mental Health Boards and Regional Action Councils will leave people such as myself vulnerable to limitations to choices we have for community-integrated mental health recovery services. I also oppose cuts to funding for DHMAS Legal Services or Connecticut Legal Rights Project (CLRP). I've highlighted some specifics of the impact some of cuts would have in italics below.

These cuts would seriously impact the ability of DMHAS and programs that receive funding through the DMHAS budget to provide services and cost-effective supports for persons with serious mental health conditions, and interfere with the rights of individuals to be protected from discrimination and fully integrated into their communities.

- *Carrying forward of \$14 million in cuts from the current year (FY 2017) budget*
- *Grant reduction for Mental Health and Substance Abuse Services*

\$1.2 million reduction and consolidation of the RMHBs and RACs would essentially eliminate the Regional Mental Health Boards. The Boards collectively help bring in \$23 million dollars in federal funds to the state. For 41 years these unique agencies have been a vital liaison between the state, local communities and providers on diverse mental health initiatives, concerns and opportunities.

Funding CLRP "at Consent Decree Level" would eliminate state funding for representation of clients in legal matters related to their housing – clients who would otherwise be assisted in obtaining or maintaining their housing will need to seek assistance from other agencies.

Personally, I am part of the **Face of Mental Health** and **Choice** is extremely important to support my **Individual Recovery**. I currently receive high quality service from a Case Manager and a Recovery Support Specialist at Western Connecticut Mental Health Network. I also have the choice to participate in dozens of Recovery and Wellness classes that help me to learn socialization skills and boost my quality of life and creativity.

I am also a member of Prime Time House, which is a DMHAS-funded psychosocial rehabilitation clubhouse program. Volunteering at Prime Time House helps me get out of the house to socialize with peers in recovery and gives me productive work to do that is important to my daily functioning, as well as the clubhouse. Western Connecticut Mental Health Network and Prime Time House both give me a sense of purpose and have been crucial in limiting psychiatric breakdowns that have plagued my recovery over the years.

I don't know exactly where I would be without these DMHAS-funded services. At best, I would be paralyzed by fear and anxiety, causing me to stay home and in bed. At worst, I would have more frequent psychiatric breakdowns, and I would need expensive inpatient stays, perhaps at Charlotte Hungerford Hospital or John Dempsey Hospital.

Thank you for keeping funds in the budget for essential Supportive Housing. Please preserve services and supports through DMHAS and restore funding for Regional Mental Health Boards and Regional Action Councils. Also, please restore funding for CLRP, which is vital for people to keep their housing rights.

Thank you for this opportunity to speak and to share my experience with you about what this would mean to me and my beloved peers in recovery.